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ABSTRACT

This report is based on a review of South Dakota's procedures and laws related to handling child abuse and neglect cases. It is noted that a survey was conducted in Sioux Falls during the July 1989 training seminar conducted by the task force. The respondents to the survey are described as a wide representation of professionals associated with the prevention, investigation, prosecution, and treatment of child abuse. Seven findings about the victims of child abuse/neglect are described and recommendations to deal with these findings are provided. Five findings dealing with the perpetrator, sentencing, and treatment options are described and recommendations related to these findings are given. In the area of training for those dealing with child abuse cases it is noted that the textbook handling of child abuse cases is more rare than common. Twelve findings in this area of training are described with recommendations related to these findings. The appendix contains a minority report, the Survey of Participants at the Children's Justice Conference, and the South Dakota Mental Health Service Providers Survey Results Related to Sexual Abuse. (ABL)

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SD GOVERNOR'S TASK FORCE ON CHILDREN'S JUSTICE REPORT

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EDIT NOTES

The following are corrections and clarifications that were not made prior to printing of this report.

- Under the list of Task Force Members, Judge Warren G. Johnson is from the Eighth Judicial Circuit rather than the Seventh.

- Within the SD Children's Justice Task Force Questionnaire, question #7 should say, "Have you ever made a referral regarding child abuse or neglect?".

- The Mental Health Service Provider Survey should show Our Home, Inc. as having 2 (borderline) adolescent DD perpetrators rather than 2 adult DD perpetrators.

- Within the Mental Health Service Provider Survey, the information from the respondent did not specify how many of the DD perpetrators being served were adult and how many were adolescent for:
  Chrysalis, Central Plains Clinic, Community Counseling Services, Mountain Plains Counseling Services, Northeastern Mental Health Center, Southern Plains Mental Health Center, West River Mental Health Center.

TASK FORCE MEMBERS

Jeffry Bloomberg, States Attorney
Task Force Chairman
Deadwood, SD

Robert Grandpre, Agent
Division of Criminal Investigation
Aberdeen, SD

Ron Campbell, Assistant Attorney General
Department of Social Services
Pierre, SD

Doug Lake, Agent
Division of Criminal Investigation
Pierre, SD

Honorable Eugene L. Martin
Third Judicial Circuit Court
Huron, SD

Honorable Warren G. Johnson
Seventh Judicial Circuit Court
Deadwood, SD

Honorable Marshall Young
Seventh Judicial Circuit Court
Rapid City, SD

John E. Fitzgerald, Attorney-at-Law
Rapid City, SD

Honorable Deborah Kuhler
State House of Representatives
Huron, SD

Michelle Tapken, J.D., Psychologist
Yankton, SD

Deb Scherschligt, Training Coordinator
Center for Developmental Disabilities U.S.D.
Vermillion, SD

Marlene Maxwell
Midwest Resource Center for Families in Crisis
Rapid City, SD

Paul Byrd, Ph.D., Psychologist
Community Counseling Services
Huron, SD

Merlin Weyer, M.P.A. Program Specialist
Child Protection Services
Pierre, SD

Colleen Springer, Supervisor
Child Protection Services
Winner, SD

Paulette Cuny
Sioux San Hospital
Rapid City, SD

Clark Likness, M.D.
Watertown, SD

Willis Sutliff, M.D.
Rapid City, SD

Jill Stephenson
Aberdeen, SD

Jaciel Woster
Pierre, SD

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This report of the South Dakota Governor's Task Force on Children's Justice was produced with funds awarded to the South Dakota Department of Social Services by the National Center on Child Abuse and Neglect, U.S. Department of Health and Human Services (Grant #018801 5 DCJ).

I. INTRODUCTION

The Governor's Task Force on Children's Justice was established in April of 1988 through the cooperative efforts of South Dakota's Governor, Attorney General and Department of Social Services. Eighteen people knowledgeable in the area of child abuse and neglect were appointed to review procedural, administrative and judicial issues in handling child abuse cases. Task force members include professionals working in law enforcement, medicine, social services, law, counseling, victim services, child protection and the South Dakota Legislature.

The task force was appointed as a result of the recently spotlighted child abuse issues. In 1987 alone, one-third of the murder victims in South Dakota were children under the age of 4. Four more were killed in 1988.[1] But deaths do not encompass the tragedy occurring in homes each day. The Department of Social Services investigated and substantiated more than 4,500 cases of child abuse in 1987. More than half of the cases involved physical neglect and almost 20 percent involved physical abuse. Specifically, more than 1,000 of those cases involved physical abuse, 615 cases involved sexual abuse, 2,809 cases involved physical neglect and 873 cases involved emotional maltreatment.[2]

With that backdrop, the task force began its work in April 1988.

In reviewing current South Dakota law, the task force found a number of positive aspects to South Dakota's investigatory and judicial response system in child abuse cases. However, the task force also believes that there are areas within this system that need improvement or greater emphasis.

The group was charged with recommending procedures to reduce trauma to child victims, while ensuring fairness to the accused. The tension of balancing the rights of the accused against the improved treatment of the child was always palpable and sometimes resulted in divided task force opinion.

This report is based on a review of the State's procedures and laws related to handling child abuse and neglect cases. South Dakota has a large Native American population which needs have been considered, and it is believed that the intent of the report has general application to all of the children within the State of South Dakota. However, there may not be application in those individual situations where tribal and federal law prevail.

As part of the review process undertaken by the task force a survey was conducted through the auspices of the University of South Dakota. The survey was conducted in Sioux Falls during the July, 1989, training seminar conducted by the task force. The respondents were composed of a wide representation of professionals associated with the prevention, investigation, prosecution, and treatment of child abuse. Where appropriate survey results have been footnoted throughout the report. The complete survey results are set out in Addendum B.

The recommendations in this report have been categorized into three specific areas: Victims Issues, Sentencing and Treatment of Perpetrators, and Training and Prevention. The approval of the recommendations by the task force was based on majority vote. Those members who disagree with specific recommendations were encouraged to submit minority reports which have been attached as Addendum A.

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[1] Statistics compiled by the South Dakota Attorney General's Office.

[2] Statistics compiled by South Dakota Department of Social Services.

II. THE VICTIM

The child abuse victim is perhaps the most vulnerable victim of all. Unlike some property crimes, child abuse affects the victim directly. Often the crimes are committed by a perpetrator loved and trusted by the victim. The victim will often retain tremendous amounts of personal guilt as a result of the assault. In addition, children are sometimes abused and neglected by the criminal justice system that was devised to protect and assist them.

Each time a prosecutor succeeds in putting a child molester or abuser behind bars, we know full well that there is a child languishing somewhere in our criminal justice system. These children need more than counseling or medical attention or foster homes or guardians ad litem or CASA workers or sympathetic judges. These children need rights in a confusing system that most adults can't even understand. These children need stability and assurance that somebody is willing to help them find families, friends and consistency in their lives.

We must work to ensure that our laws protect victims of crime from continued pain and suffering. We must attempt to streamline the system to ensure that we are fair not only to the innocent victims, but to the perpetrators. We must also look to the future and prevent crime from touching--sexually and physically--our children.

With these thoughts the task force has identified the following problems and recommendations related to the victim.

FINDING #1:

All victims, but especially child victims of sexual and physical abuse, need special protection while involved in the criminal justice system. While the state's attorney generally is aligned with the interests of the child, this is not always the case. In some cases, the state's attorney's decision as to what is in the public interest conflicts with what may be in the best interests of a child. For example, a State's Attorney may decide to prosecute a particular sexual abuse case criminally because he/she believes that it is in the best interests of the public that the alleged perpetrator be incarcerated. On the other hand, the prosecution may require a child to be "revictimized" through the courtroom proceedings.

RECOMMENDATION:

The task force has several recommendations which would help remedy this problem area:

1. SDCL 26-10-17 provides, "... the Court shall appoint counsel for any child alleged to be abused or neglected in any judicial proceeding." The language of that statute appears to be mandatory and to include civil or criminal cases. The statute should be strictly followed in dependency/neglect cases. Although there is some difference of opinion in regard to appointing separate counsel in criminal cases involving child victims, judges should consider this option in appropriate cases.

2. In dependency/neglect actions, after adjudication, we recommend that judges exercise their statutory authority to appoint a legal representative for the child, pursuant to SDCL 26-8-35.3.[3] Although that statute mandates the appointment of a guardian when a child has been adjudicated and is placed in foster care outside the home, the task force has found that this provision is not being followed uniformly.

3. The Attorney General should send a memo to all circuit judges and state's attorneys regarding these three statutes and the other victims laws already in statute. (This recommendation has been acted upon).

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[3] SDCL 26-8-35.3 provides in part:
If a child has been adjudicated a neglected or dependent child and is placed outside of the child's home, the Court shall appoint a guardian ad litem or a special advocate to represent the best interests of the child.

4. Court-appointed special advocate (CASA) programs or other guardian ad litem services for the child victim should be expanded and include representation in criminal cases.

FINDING # 2:

Child victims often must tell their stories over and over again. Even under the best scenario a child will normally be required to relate the abuse under the following circumstances:

1. Initial report to a social worker or law enforcement officer

2. Preparation for preliminary hearing or grand jury

3. A preliminary hearing or grand jury

4. Preparation for trial

5. The trial

In the average case, the child would be required to relate the story at least several times more than this optimum, and in the worst case scenario a dozen or more times would not be uncommon.

RECOMMENDATION:

Every effort should be made to spare the child further repetitions of the story. In order to avoid forcing children to repeat their stories, law enforcement officers, social workers and state's attorneys should be trained to work together in properly interviewing child victims.

In addition, continued research and legislative action into statutes which would minimize courtroom testimony for the child should be undertaken.

FINDING #3:

Because there is no victim's compensation program in South Dakota, many victims must bear the expense of physical and mental rehabilitation. A particular problem occurs when the court sentences a defendant to incarceration for lengthy periods of time. During the time of this incarceration, the Defendant is generally unable to pay for the victim's counseling; thus, the court is faced with a dilemma. Should the court place a potentially dangerous offender on probation so he can continue to work and pay for a victim's therapy or should the court incarcerate the Defendant for a long period and possibly deprive the victim of any financial assistance from the defendant toward counseling?

RECOMMENDATION:

1. Legislation to fund a state-county participatory compensation fund from which medical and counseling costs for victims can be paid is the most far-reaching solution. We strongly recommend that South Dakota adopt such a system for child victims in the near future. Each of the 45 states with a compensation program uses differing funding mechanisms. The Governor's Office should commence an immediate study of those programs.

2. We recommend as an interim solution that courts order, pursuant to SDCL 23A-28-12.1,[4] that the victim's counseling and medical costs be borne by the perpetrator.

3. Another option is to expand the Children's Trust Fund with more state funding, and require that no more than 50 percent of the fund be dedicated to prevention and the rest to treatment.

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[4] SDCL 23A-28-12.1 provides in part:
Anyone convicted under Sec. 26-10-1, Sec. 22-22-7, or subdivision (4) or (5) of Sec. 22-22-1 may be required as part of the sentence imposed by the Court to pay the costs of any necessary medical, psychological or psychiatric treatment of the minor resulting from the act or acts for which the Defendant is convicted.

FINDING #4:

There is no centralized state-supported office to protect the rights of crime victims, especially those child victims who cannot look out for themselves.

RECOMMENDATION:

We recommend legislation to establish and fund an Office for Victims of Crime within the Attorney General's Office. This office would institute a code of ethics for victim assistants, set standards, provide training for volunteer and paid victim assistants, gather information on necessary legal reforms and lobby in the South Dakota Legislature on behalf of those reforms and subgrant federal crimes victim funds to programs who offer services. Perhaps this office could also administer a compensation program for crime victims in South Dakota. This office could create and coordinate the dissemination of victims rights information referred to above.

FINDING #5:

There is very limited statistical data available on child abuse victims and sexual offenders to use as supporting documentation for expanded treatment programs.

RECOMMENDATION:

We recommend that the Attorney General continue to collect and analyze data on adult and adolescent sexual offenders. Information on both victims and offenders is vital to the institution of any treatment programs.

We further recommend that the Unified Judicial System make every effort to accurately compile and disseminate information on judicial criminal dispositions of child abuse cases.

FINDING #6:

Revelation of victims' names at County Commission meetings when rape examination bills are submitted by hospital or clinic for payment.

RECOMMENDATION:

A letter should be mailed to all county commissioners and state's attorneys from the Attorney General, outlining the importance of confidentiality for the victim and suggested procedure for protection of the victim's identity. All bills could be routed from the hospital or clinic to the state's attorney (or victim assistant, if there is one), who verifies that the victim, using the victim's initials, reported the crime to authorities. The state's attorney then submits the voucher to the county auditor for payment. (This recommendation has been acted upon).

FINDING #7:

South Dakota mental health facilities currently do not offer enough specialized treatment programs to provide counseling for victims of child sexual abuse.

RECOMMENDATION:

We recommend that the Office of Mental Health encourage each of the eleven regional mental health centers to create specialized programs to address the individual and group counseling needs of child sexual abuse victims, their families and the perpetrators.

III. THE PERPETRATOR, SENTENCING AND TREATMENT OPTIONS

Perhaps no issue dealt with by the task force is more perplexing than that of sentencing convicted sexual perpetrators. Whether the perpetrator is a minor, developmentally disabled, or an adult, this issue is very complex. Generally speaking, convicted sexual offenders, particularly adults, are treated quite severely by the criminal justice system. In addition, sex offenders tend to have more difficulty obtaining parole once they are incarcerated in the state penitentiary.

In sentencing sexual perpetrators, the courts have an obligation to take into consideration the rights of the victim. Those issues are dealt with elsewhere in this report. The courts also have an obligation to the public to ensure that the sexual perpetrator will no longer be a risk to the public. That goal is met in two ways. The first is to incarcerate the individual. During his incarceration, he is no longer capable of inflicting sexual harm upon the public. As stated above, the courts of this state have relied upon this mechanism to a large degree by imposing lengthy sentences. The second option for the court is to consider the possibility of rehabilitation. Unfortunately, under the system currently available in South Dakota, there are many problems associated with this second option.[5]

There is wide disagreement as to the success rate for rehabilitation of sex offenders.[6] Many experts and judges believe that there is simply no way to rehabilitate sexual offenders. On the other hand, there are those experts who believe that, depending upon the classification of the sexual offender and the level of therapy provided, certain sexual perpetrators can be successfully treated to the point that they no longer pose a threat to society. This is particularly true in dealing with youthful perpetrators.

Although society as a whole seems to favor incarceration and punishment as the sentencing option to be utilized by the courts, it is inevitable in virtually all but the most horrendous cases that the sexual perpetrator will ultimately be released into our society.[7] Often times that release is after the perpetrator has completed his sentence. Under those circumstances, the defendant is released without any supervision.

The task force is also concerned with the sentencing and treatment of developmentally disabled perpetrators. These are some of the most difficult cases for judges to handle. On the one hand, the court must consider the rights of the victim and society in terms of removing the perpetrator's threat. Traditional treatment or rehabilitation programs may have little or no effect on these perpetrators and it is quite possible that the perpetrators will be victims of sexual abuse while incarcerated.

With these thoughts, the task force has identified the following issues and proposed solutions:

FINDING #8:

There is currently no standardized system for evaluating sexual perpetrators in such a manner as to provide the courts with useful information at the time of sentencing.

As stated above, there is a wide disagreement among experts as to the rehabilitative nature of sexual perpetrators. However, the task force believes that the treatment, rehabilitation, and sentencing options in each case must be judged on an

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[5] Survey question #38 indicates that 84% of the respondents believe treatment resources available either at South Dakota penal institutions or other treatment centers are inadequate.

[6] Survey result #28.

[7] Survey question #35 indicates 52% of the respondents favor sex offenders serving the maximum sentence of the Court regardless of therapy received or good behavior. This concept was opposed by 23%.

individual basis.[8] In order to allow the court to properly exercise this function, the court must have accurate, reliable and standardized information available. Our courts receive a wide variety of information in regard to the evaluation of sexual offenders. This information can range from individuals who have little or no training or educational background in this field to individuals who are highly trained, reliable experts. Because of this disparity in information, courts are reluctant to rely upon that type of information in sentencing. Further, because this type of information is often inconsistent, it is of little worth in considering the perpetrator's progress.

RECOMMENDATION:

In order for the courts to get the accurate psycho-social, sexual information necessary for sentencing in these cases, the task force recommends the following solutions:

1. The South Dakota Legislature should adopt a statute or statutes requiring that all convicted sexual perpetrators, whether adults or juveniles, be evaluated by a certified or licensed mental health professional. This person should be trained and experienced in treating and evaluating sex offenders, utilizing standardized techniques. The evaluation should be submitted to the court prior to sentencing or disposition.

2. The experts rendering these evaluations should be appointed by the court and not chosen by the state or defendant. The purpose of this recommendation is to ensure that the court receives, as much as possible, an unbiased opinion.

3. Whenever possible, the defendant should be required to pay for the cost of this evaluation. In other cases, the county in which the case is venued shall be responsible and the defendant should be ordered to reimburse the county.

4. These evaluations should be comprehensive and provide the court with information regarding the offender's sexual history; intellectual, adaptive, and academic functioning; social and emotional functioning; previous legal history; previous treatment history; victim selection; risk to the community; and treatment options recommended.

FINDING #9

State penal facilities receive inadequate information regarding the nature of the sexual offender. If rehabilitation is to succeed, our state penal institutions, including those under the direction of the state penitentiary and the state training school, must have an accurate assessment of the offender.

RECOMMENDATION:

By implementing recommendation #8, an accurate, reliable assessment as to the perpetrator's situation could be forwarded to each of the penal institutions. They will then be able to utilize that information in providing rehabilitative services and determining whether or not release of the perpetrator on parole or some other alternative is warranted.

FINDING #10:

Perpetrators who are still a risk to re-offend are being released from the penal system of this state without supervision. As stated above, the parole board is often reluctant to release sexual offenders on parole. Thus, once the prisoner has flat-timed, he/she is released from the penal institution without any supervision at all. In addition, dangerous perpetrators who by all indications pose a continuing threat to society are released simply because the parole board has no legal authority to continue incarceration.

RECOMMENDATION:

1. An increase in the maximum sentences for sex offenders would allow the court to impose longer sentences and thereby give the parole board a longer period of supervision or incarceration.[9]

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[8] Survey result #31 indicates 82% agree.

[9] This concept is supported by 85% of survey respondents. See survey result #34.

2. As stated above, a standardized, reliable evaluation system would give the parole board the tools to determine which offenders pose the greatest risk, and just as importantly, which offenders have worked with the treatment options given to them and have made progress. Thus, those who have refused treatment or made little progress can be identified and incarcerated for greater lengths of time. Those prisoners who have worked with the treatment programs and made progress can be released.

3. Statutes and parole regulations should be amended to allow for supervision of all adult sex offenders for the remainder of their life.

4. We recommend researching how other states handle monitoring of sex offenders released on parole and those released after flat time.

5. Since standard treatment programs are not generally appropriate for the developmentally disabled perpetrator and create a risk for abuse of the perpetrator himself/herself, a specialized treatment program should be developed for the developmentally disabled perpetrator.

6. The greatest urgency should be placed on development of intensive, statewide treatment programs for juvenile offenders. We believe that there is a better chance of successful treatment for sexual offenders if they receive treatment and intervention at an early age. This effort will hopefully prevent subsequent victimizations, the high costs of incarceration and overcrowded prisons.

FINDING #11:

Treatment requirements at the state penal institutions are inadequate, due primarily to the lack of funding and because treatment is not mandated for inmates.[10] Even those experts who believe that treatment is possible for sex offenders are generally of the opinion that such treatment must be intensive and of long duration. Such treatment programs are currently not available in South Dakota. A partial listing of treatment programs available has been compiled by the task force in Addendum C.

RECOMMENDATION:

The State of South Dakota must develop a well funded treatment program for sex offenders which is of an intensive nature. The treatment program must be made available in all of the penal institutions in South Dakota, including the state training school at Plankinton. In addition, localized, out-patient treatment programs must be identified and certified to meet standardized criteria. Only those treatment programs which have met that standardized criteria established by the Department Of Human Services will be certified and only those certified programs will be utilized by the court system as a sentencing or dispositional option.

FINDING #12:

In some jurisdictions, pre-sentence investigations are sometimes not ordered. For the parole board to properly do its job, it must have access to these pre-sentence investigations.

RECOMMENDATION:

Legislation should be adopted which requires all sentencing procedures in child abuse cases to include a pre-sentence investigation and the psychological evaluation recommended above. The pre-sentence investigation should include any interviews with crime victims. This is especially important in cases involving a plea agreement. Legislation on this issue should be introduced on behalf of the task force.

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10 Survey result #39 highlights the lack of funding and the non-mandatory nature of treatment as being at the root of inadequate treatment.

IV. TRAINING

Many of the problems which occur in the investigation, prosecution and resolution of child abuse cases arise due to mistakes made by inexperienced personnel. These cases demand specialization by the medical, social work, law enforcement, prosecution, judicial and counseling personnel who are involved. Anything less results in mistakes which harm the victim, reduce the chances for successful prosecution and waste financial and personnel resources.

Unfortunately, the textbook handling of child abuse cases is more rare than common. This is not tolerable. The stakes are too high.

Training is the key to a resolution of this problem. Mistakes will be avoided by properly training those personnel who work on these cases. This training should not only include specialization within the expert's own field, but it should also include a greater awareness as to the needs and limitations of the related fields. A team approach is the goal.[11]

FINDING #13:

A major problem in South Dakota is the high turnover of Child Protection Services (CPS) workers for a variety of reasons, including heavy case loads, long hours, high stress and low pay. Effective child abuse investigations demand well-trained experienced CPS workers. A whopping 51% of all social service protective case workers retired or resigned in State fiscal year 1988. High turnover of these professionals results in ineffective investigations, traumatization of victims and continuing abuse by perpetrators.

RECOMMENDATION:

The turnover rate of the child protective service workers must be reduced.[12] The Department of Social Services increased pay levels in 1989. The task force encourages the legislature to provide resources to increase salaries, take measures to increase personnel safety and reduce case loads. The Department of Social Services might consider a certification period for new child protection workers, during which time the workers receive training and are not assigned cases.

FINDING #14:

Child abuse investigations are just a small part of what an average law enforcement officer may encounter during a shift. However, the complexities involved in child abuse cases warrant more than part time attention.

They require an expertise that is difficult for the occasional investigator to keep abreast of. Unlike other professions which have recognized the need for child abuse specialization, there are too few law enforcement investigators specially trained in child abuse cases.

As a result, the law enforcement officer who is often called upon to make the most critical decisions in the early phases of the investigation is often the least qualified to do so.

In larger departments administrators can become isolated because of the different roles they assume. Due to this isolation, they sometimes are insensitive to the need for specialization in child abuse cases.

RECOMMENDATION:

1. We recommend that South Dakota's largest counties train designated personnel to investigate and prosecute child abuse cases. This will assure successful prosecutions and reduce the trauma to the victims. Smaller counties should be encouraged to take advantage of the resources offered by the Attorney General's Office and Division Of Criminal Investigation.

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11 Survey results indicate that the respondents believed inexperience was responsible for many of the problems associated with child abuse investigations and prosecutions and that this inexperience was "likely to occur among," medical, social work, law enforcement, prosecution, judicial, and counseling personnel. See survey result #43.

12 86% of survey respondents agree that the turnover rate of Child Protection workers is to high. See survey result #44.

2. Training targeted at the administrative level of law enforcement agencies should be created to help sensitize administrators to the complex issues involved in child abuse and to the necessity of specialization of certain members of their agencies to work abuse cases.

3. This training should focus on the dynamics involved in child abuse cases and how to efficiently utilize manpower and financial resources in these cases.

FINDING #15:

There are instances when state's attorneys are not trained to prosecute child sexual and physical abuse cases and cases therefore do not receive the proper prosecutorial emphasis.

RECOMMENDATION:

We recommend that the Attorney General emphasize the importance of these prosecutions through training programs for state's attorneys. We also recommend that the curriculum at the University of South Dakota Law School be expanded to raise students' awareness of child abuse issues, and that the State Bar be informed of child abuse issues to use as Continuing Education topics.

Prosecutors should also be encouraged to take advantage of the resources offered by the Attorney General's Office.

FINDING #16:

South Dakota needs a universal protocol on intervention, investigation, and prosecution approaches to child abuse cases.

In child abuse cases, several agencies that normally work independently of one another are required to come together for the good of a child. Yet, there are no standardized guidelines set forth on how this will happen. The results are mixed and procedures vary dramatically from county to county.

While some jurisdictions have excellent multi-agency approaches, too often this is the result of personalities working well together rather than the process working well. When an individualistic approach like this is used, the system remains solvent only so long as the team working together remains with their respective agencies.

Without standardized guidelines for new workers to use as a template to expand upon, the teamwork approach can easily be sabotaged.

RECOMMENDATION:

The task force should develop a standardized protocol to be used statewide as a guideline for child abuse cases. This protocol would not be all inclusive but would be intended as a stable base that all agencies could use to assure consistency.

The protocol should cover:

1) Response to referrals
2) Intervention
3) Investigation
4) Removals
   a. Perpetrators
   b. Victims
5) Prosecution and treatment
6) Checklist of child victim rights
7) Medical examination

FINDING #17:

We have very specific laws about who must report child abuse cases in South Dakota, but there is little guidance as to when to report or what should be reported.

SDCL 26-10-10[13] outlines who must report abuse cases and what will happen to those who do not, yet, the guidelines on what to look for are often vague. As a result, many times, only the very clear cut or more dramatic cases are reported. Child abuse, like most domestic violence, tends to be progressive. The earlier the intervention in child abuse cases, the greater the likelihood that the cycle can be broken. Abusive acts need to come to the attention of the system when they first start, not after the pattern has been well established.

RECOMMENDATION:

More education and training is needed for mandatory reporters on what qualifies as a referral. The training should cover:

1. Definitions of abuse and neglect,
2. Behavioral indicators of abused and neglected children,
3. Behavioral indicators of abusers,
4. Wound identification,
5. Information on what protection is provided to the reporter by law.

FINDING #18:

As stated elsewhere, if an initial interview with an abused child is conducted properly, it can limit the need to re-interview later and reduce the trauma to the child. However, law enforcement personnel do not generally receive adequate training on how to interview young children.

Most training that law enforcement officers receive on interviewing techniques deals with talking to an adult, yet, the dynamics of interviewing children are dramatically different. As a result, many officers are uncomfortable interviewing children or they commit critical errors such as asking leading questions. This is compounded when the interview is the only evidence of the crime available, which is often the case in sexual abuse investigations.

RECOMMENDATION:

Regional training opportunities should be made available to certified officers to update their interviewing skills.

Training curriculum provided by the law enforcement academy should include the use of films and lectures in an effort to show new officers a skill that can be used not only in abuse investigations, but in all areas. To help officers who are uncomfortable or anxious about talking to the young child, departments can be encouraged to let the officer practice before a crisis occurs. Many departments have the potential to provide safety programs in day cares, preschools and schools. Involvement in such programs allows an officer to practice at a non-critical time, while also familiarizing the officer with ways of interacting with children.

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13 SDCL 26-10-10 provides in part:
Any physician, surgeon, pathologist, dentist, doctor of osteopathy, chiropractor, optometrist, mental health professional, podiatrist, psychologist, religious healing practitioner, social worker, hospital intern or resident, parole or probation officer, law enforcement officer, teacher, school counselor, school official, nurse licensed or registered child welfare provider or coroner, having reasonable cause to suspect that a child . . . has been starved, neglected . . ., has had physical injury or injuries inflicted upon him by abused or intentional neglect other than be accidental means, or has been subjected to circumstances or conditions which would reasonably result in abuse or neglect . . . shall cause reports to be made in accordance with SDCL 26-10-12.

FINDING # 19:

Perpetrators of abuse often have predictable tendencies about which investigators need to be aware.

Perpetrators often employ very distinct methods to set up victims or avoid detection. If investigators are aware of such techniques, they will be in a better position to gather evidence and recognize when intervention is necessary.

Physical abuse perpetrators often try to avoid detection by switching doctors, threatening victims or moving. Sexual abuse perpetrators will often set up victims through seduction or bribery, take pictures of their victims, and encourage secrecy through shame.

RECOMMENDATION:

There are several VHS tapes and films available through the law enforcement academy that show actual abusers talking about their methods of perpetration and how they ensured that their victims would not reveal the crime.

It would be easy to reach a vast group of investigators at minimal expense by using this video format. It would help those working the cases to be more sensitized to the "setups", indicators, and potential evidence.

Such audio-visual materials should be included in training offered by the law enforcement academy in child abuse investigation.

FINDING #20:

The most at-risk population for abuse is the very young, yet, we provide very little, if any, prevention education for this age group.[14]

The highest at-risk age group for physical abuse is birth to five years. For sexual abuse it is two to five years. As a result, a lot of indicators are often overlooked by adults because they tend to assume that abuse happens to older children. Children are very vulnerable at this tender age, and they are seldom taught how to protect themselves or how to tell someone if something does happen.

RECOMMENDATION:

Implemention of prevention training programs in day care homes, day care centers, and preschools will help high-risk children as well as provide awareness programs for the general community.

Child protection teams should survey available programs and assist in program implementation. These prevention efforts should be supported through grants from the Children's Trust Fund and CAN Prevention Programs.

Daycare and preschool prevention should include:

1. Teaching the child correct names of body parts.
2. Information about safety issues such as how to cross streets, how to deal with strangers, etc.
3. How to identify people they can trust.
4. Instruction about good and bad touches.
5. Teaching about the private zone concept.
6. Teaching children how to say "No" to adults in situations that put them as risk.
7. How children can tell someone when something makes them feel uncomfortable (i.e. the "Yell and Tell" approach).

[14] 91% of survey respondents believe the highest risk group for child abuse are those from birth to five years of age. Survey result #56.

FINDING #21:

There is a lot of quality training available in South Dakota on the topic of child abuse and neglect. However, there is a lack of coordination on when and where the training will be provided. Law enforcement, mental health, social services, doctors and state's attorneys all have sponsored or provided training. Unfortunately, the sessions tend to be developed independently of one another.

As a result, agencies are unaware of what type of training is available. There have been occasions when similar seminars have taken place within close proximity to one another at about the same time without either sponsor being aware what the other was doing. This particularly hinders departments with small budgets who need to choose carefully what seminars they allow their employees to attend.

RECOMMENDATION:

A central registry needs to be established that will allow agencies sponsoring training to provide information to the registry ahead of time on the time, dates, and subject matter of the seminars. This would provide a central location for agencies to obtain information as to what is available in the state so they can plan more efficiently and effectively for training for their employees.

Agencies that will be sponsoring or providing training in child abuse would be encouraged to register their seminars with the South Dakota Department of Social Services using a standardized format including, but not limited to:

1. Time
2. Date
3. Location
4. Cost
5. Subject matter
6. Target audience

FINDING #22:

Judges, state's attorneys and court services personnel receive minimal training to help sensitize them to the dynamics or the trauma involved in child abuse cases.

Success in child abuse cases takes a concerted effort on the part of every agency involved in the investigations. Too often, the courts are not included when training needs are addressed. They are viewed as a separate entity expected to be knowledgeable in all areas.

The courts need to recognize the vital role they play in resolving abuse cases. Because of the structure of our judicial system, cases are often presented in black and white, far removed from the emotion and trauma experienced by the family.

RECOMMENDATION:

Judges, state's attorneys and court services personnel receive minimal training to help sensitize them to the dynamics or the trauma involved in child abuse cases. More training should be provided to these key personnel.

The training should include information about:

1. Special problems relating to child witnesses,
2. The cycle of abuse,
3. The need for outside intervention,
4. The importance of treatment programs, and the necessity of assuring that they are completed.

FINDING #23:

A large percentage of the investigations for abuse and neglect each year involve Native American children and over half the children in foster care with the Department of Social Services are Native American.

RECOMMENDATION:

It is recommended that State and local governments always consider the cultural issues related to dealing with child abuse and neglect when planning training and prevention efforts and that such projects include culturally relevant components.

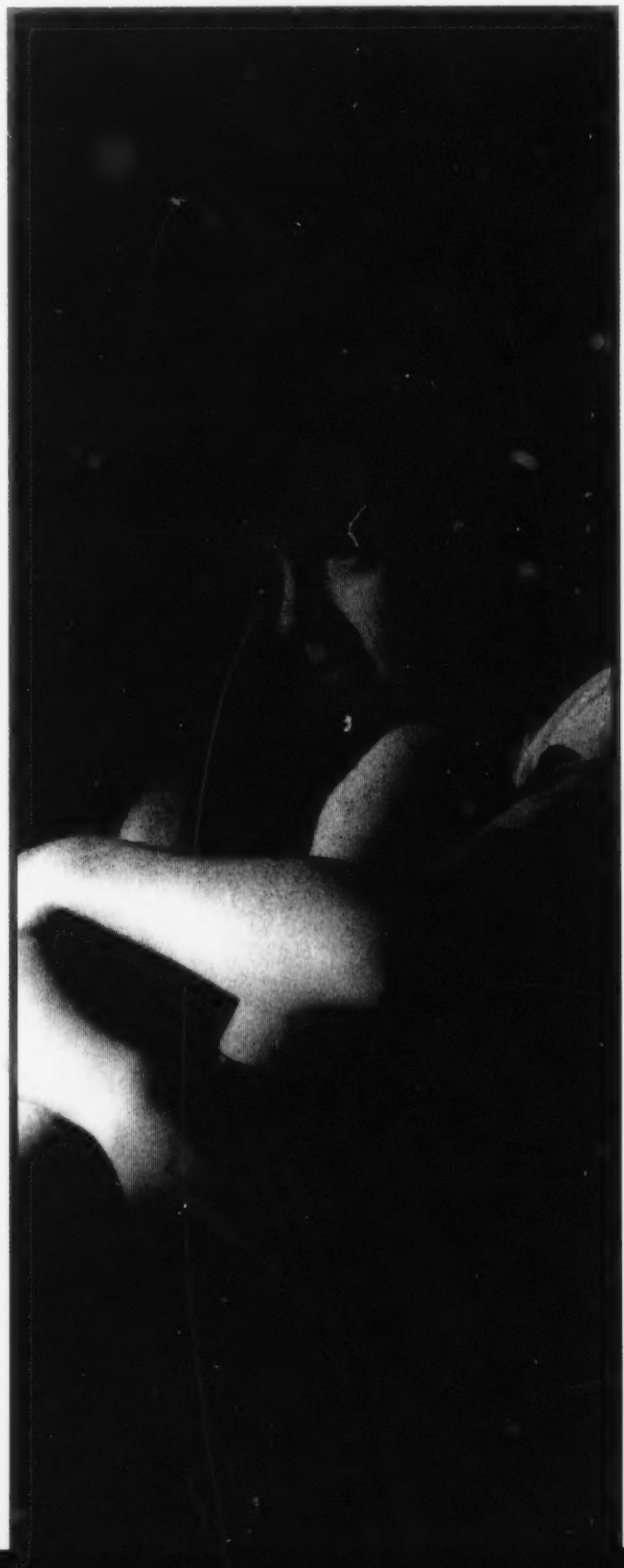
V. MISCELLANEOUS

FINDING #24:

There is no protocol for physicians to follow when examining a child for sexual and physical abuse, thus making evidence collection and court testimony less uniform and decreasing the chances of a conviction.

RECOMMENDATION:

Adding a child sexual assault protocol to the rape kit currently distributed by the Attorney General's Office to hospitals and clinics in South Dakota can solve this problem. (This has already been done.) The protocol can be mailed to all clinics and hospitals, along with a letter of support from the South Dakota Medical Association, and will be added to the kit's specification in future years.



ADDENDUM A

Minority Report

Re: Increase in the maximum sentences allowable

We appear to resist treating sex offenders because it has the appearance of a humane response to a grievous crime. Research has shown that treatment appears to be a more effective safeguard to our communities than is incarceration. Unless a sexual perpetrator has been judged mentally incompetent, sexually offending behavior involves conscious choice. Therefore, the perpetrator must be held accountable for his offending behaviors. Incarceration alone does not change sexually offending behavior. Incarceration of a sex offender can be a logical consequence of illegal behavior and may serve as a temporary protection to the community and may possibly serve to motivate the offender to actively participate in treatment. Incarceration alone will not change sexual deviances and incarceration without treatment may increase the risk of increased rates of offending. Research has shown that sex offense specific treatment during and following incarceration will decrease the likelihood of re-offending. The costs to the state can be reduced and communities can be protected equally as well if the funds needed for long prison sentences are spent on actually reducing the risk potential.

ADDENDUM B

SD Children's Justice Task Force Questionnaire

It is a rare opportunity when so many people interested in child abuse in South Dakota can gather to share and increase their knowledge on this important issue. We thank you for taking the time to share your information with the Children's Justice Task Force. Please check, or where appropriate write-in, the choice you feel best expresses your position. All answers are confidential and will only be used as "grouped" data. Thank you again for your participation.

1.	Sex		
		Male	50 33%
		Female	102 67%
2.	Highest education level completed		
		Grade School	1 1%
		High School	20 13%
		Bachelors	70 47%
		Masters	47 32%
		Doctoral	11 7%
3.	Age (Please write in)		
4.	Occupation (Please write in)		
5.	Are you employed by a		
		State Agency	64 44%
		Federal Agency	5 3%
		Private Agency	43 29%
		Self-Employed	9 6%
		Other	27 18%
6.	Do you currently work with an agency that investigates child abuse?		
		Yes	76 51%
		No	72 49%
7.	Have you ever made a referral regard-		
		Yes	115 76%
		No	37 24%

If you answered "Yes" to question 7, please answer 7 (a). If you answered "No", please skip to question 8.

7 (a).	Were you satisfied with the way the referral was handled?		
		Yes	90 83%
		No	19 17%
8.	County you are employed in (please write in)		
	If you are responsible for more than one county, please write in the additional counties or region.		

ON THE FOLLOWING QUESTIONS, THE POSSIBLE ANSWERS ARE SA FOR STRONGLY AGREE, A FOR AGREE, U FOR UNDECIDED, D FOR DISAGREE AND SD FOR STRONGLY DISAGREE. THERE ARE NO "CORRECT" OR "INCORRECT" ANSWERS. PLEASE SIMPLY INDICATE YOUR ANSWER BY CHECKING THE APPROPRIATE SPACE.

	SA	A	U	D	SD
9. Do you feel that child victims of sexual and physical abuse need specialized legal aid while in the criminal justice system?	122	21	3	3	0
	82%	14%	2%	2%	0%
10. If the State's Attorney can, sexual abuse cases should be criminally prosecuted even if it may require the child to be "revictimized" through the court proceedings.	24	66	40	14	4
	16%	45%	27%	9%	3%
11. When a child is placed in foster care after the adjudication of a dependency neglect action, a guardian must be appointed for the child.	71	65	10	0	1
	48%	44%	7%	0%	1%
12. Court Appointed Special Advocate (CASA) programs or other guardian ad litem for the child victim should be expanded to include criminal cases.	72	50	17	6	2
	49%	34%	12%	4%	1%
13. Repeated interviewing of child abuse victims does not result in "revictimization" of the child.	3	7	6	54	70
	2%	5%	4%	39%	50%
14. Law enforcement officers, social workers and state's attorneys should be trained to work together in interviewing child victims in order to limit the number of interviews required of the victim.	127	19	1	1	0
	86%	13%	.5%	.5%	0%
15. Preliminary hearings should be eliminated in child abuse cases.	20	39	61	23	5
	14%	26%	41%	16%	3%
16. Grand juries should be eliminated in child abuse cases.	7	20	53	46	27
	4%	13%	35%	30%	18%
17. South Dakota should initiate a victim compensation program for child abuse victims.	103	36	9	0	0
	70%	24%	6%	0%	0%
18. If a court has to choose between incarceration of a defendant (with consequent loss of ability to pay for victim rehabilitation), or allowing a potential dangerous offender probation to work (in order to pay for victim rehabilitation, the court should choose probation.	4	19	15	59	49
	3%	13%	10%	40%	34%

	SA	A	U	D	SD
19. South Dakota should fund a state-county participatory compensation fund to pay for the medical and counseling costs of child abuse victims.	77	59	12	3	1
	50%	39%	8%	2%	1%
20. The establishment of a centralized state office to assist in the protection of the rights of victims of child abuse would improve the present services provided.	42	75	23	10	1
	28%	50%	15%	7%	1%
21. There should be an Office for Victims of Crime within the Attorney General's Office which office would set the standards and the structure to promote victim's rights.	49	78	22	3	0
	32%	52%	15%	2%	0%
22. The current statistical data available on child abuse victims and their sexual offenders is inadequate to support documentation for expanded treatment programs.	17	35	32	42	24
	11%	23%	22%	28%	16%
23. More South Dakota data needs to be collected and analyzed, on both adult and adolescent sex offenders, in order to initiate effective treatment programs in South Dakota.	44	63	15	20	8
	30%	42%	10%	13%	5%
24. The Unified Judicial System needs to more accurately compile and more widely disseminate information on dispositions of child abuse cases.	38	76	28	7	0
	26%	51%	19%	5%	0%
25. Revealing victim's names at County Commission meetings when rape examination bills are submitted by a hospital or a clinic is not a problem.	1	1	15	41	94
	1%	1%	10%	27%	62%
26. South Dakota mental health facilities currently offer enough specialized treatment programs to provide counseling for victims of child sexual abuse.	1	7	12	63	69
	1%	5%	8%	41%	45%

NOTE: ON ALL QUESTIONS WITH MULTIPLE CHOICES, a), b), ETC., PLEASE ANSWER EACH PART.

	SA	A	U	D	SD
27. It is important that each of the eleven regional mental health centers create specialized programs to address the individual and group counseling needs of:					
a) child sexual abuse victims	97	49	1	3	0
	64%	33%	1%	2%	0%
b) families of abuse victims	88	58	1	2	0
	59%	39%	1%	1%	0%
c) abuse perpetrators	78	57	6	8	1
	52%	38%	4%	5%	1%
28. Sex offenders can be successfully rehabilitated:					
a) in most cases without professional treatment	1	1	3	13	126
	1%	1%	2%	9%	87%
b) depending upon the classification level of the offender	3	33	28	37	39
	2%	24%	20%	26%	28%
c) depending upon the level of therapy provided	7	41	29	44	22
	5%	29%	20%	31%	15%
d) depending upon both the classification and therapy	19	58	23	28	16
	13%	41%	16%	19%	11%
29. Protection of the public by the incarceration of the offender is more important than the rehabilitation of the offender.	15	51	25	42	13
	10%	35%	17%	29%	9%
30. The treatment of the developmentally disabled offender should be handled in a different fashion than the usual offender.	15	86	24	19	2
	10%	59%	17%	13%	1%
31. The treatment, rehabilitation and sentencing options for each case of child abuse should be judged on an individual basis.	44	74	11	11	4
	30%	51%	8%	8%	3%
32. South Dakota should adopt statutes requiring all convicted sexual perpetrators to bear the cost of a court ordered, standardized, psychological evaluation by a licensed professional prior to sentencing.	67	54	14	11	1
	46%	37%	9%	7%	1%

	SA	A	U	D	SD
33. It is better to release a convicted sex offender from a penal institution before his "flat time" is served, if an earlier release means he will receive supervision (parole) when released.	12	61	32	25	15
	8%	42%	22%	17%	11%
34. An increase in maximum sentences should be allowed in order to give the parole board a longer period to evaluate the sex offenders while they are incarcerated or under state supervision.	53	71	14	7	1
	36%	49%	9%	5%	1%
35. Sex offenders should serve the maximum sentence of the court regardless of therapy treatment received and/or good behavior.	26	49	38	27	6
	18%	34%	26%	18%	4%
36. South Dakota should initiate a study of how other states handle the monitoring of sex offenders:					
a) who serve their entire sentence in a penal institution	54	78	7	4	2
	37%	54%	5%	3%	1%
b) who are released on parole.	55	77	7	6	1
	37%	53%	5%	4%	1%
37. There should be a specialized treatment program set up for the developmentally disabled sex offender.	36	90	14	4	1
	25%	62%	9%	3%	1%
38. Current treatment resources at the South Dakota penal institutions and other treatment centers are adequate.	1	3	21	58	68
	1%	2%	14%	38%	45%
39. If current treatment resources in South Dakota are inadequate they are so because:					
a) of a lack of funding	70	67	9	1	2
	47%	45%	6%	1%	1%
b) treatment is not mandated for the offenders	34	74	28	12	0
	23%	50%	19%	8%	0%
c) neither the public, nor public official, is concerned about treatment.	17	41	24	54	13
	11%	28%	16%	36%	9%

	SA	A	U	D	SD
40. The state must develop a well funded treatment program for:					
a) all penal institutions in South Dakota, adult and minor	70	67	5	2	0
	49%	46%	4%	1%	0%
b) localized, out-patient treatment centers, with standardized criteria established by the Department of Human Services.	53	68	13	7	0
	38%	48%	9%	5%	0%
c) both a) and b) above.	59	62	8	6	0
	44%	46%	6%	4%	0%
41. Legislation should be adopted to require all sentencing procedures in child abuse to have a pre-sentence investigation and psychological evaluation, particularly in cases involving plea agreements.	86	54	5	2	2
	58%	36%	4%	1%	1%
42. The inexperience of personnel causes many of the problems which occur in:					
a) the investigation of child abuse cases.	45	83	9	10	0
	31%	56%	6%	7%	0%
b) the prosecution of child abuse cases.	47	78	16	7	0
	32%	52%	11%	5%	0%
c) the resolution of child abuse cases.	47	78	16	7	0
	32%	52%	11%	5%	0%
43. The problems of inexperienced personnel mentioned in Question 42 are most likely to occur among:					
a) medical personnel	16	84	21	24	1
	11%	58%	14%	16%	1%
b) social work personnel	35	77	13	19	2
	24%	53%	9%	13%	1%
c) law enforcement personnel	34	78	17	13	1
	24%	54%	12%	9%	1%
d) prosecution personnel	36	71	26	13	0
	25%	48%	18%	9%	0%
e) judicial personnel	29	70	26	19	0
	20%	49%	18%	13%	0%
f) counseling personnel	24	71	27	19	2
	17%	50%	19%	13%	1%
g) other (please write in) 100% _____.					
44. South Dakota has a high turnover rate of Child Protection Services (CPS) workers.	100	39	7	0	0
	68%	27%	5%	0%	0%

	SA	A	U	D	SD
45. The turnover rate among South Dakota CPS workers is strongly influenced by:					
a) low pay	85	54	5	2	1
	58%	37%	3%	1%	1%
b) high stress	98	44	5	0	0
	67%	30%	3%	0%	0%
c) long hours	80	46	14	4	0
	55%	32%	10%	3%	0%
d) heavy case loads	102	41	2	0	0
	71%	28%	1%	0%	0%
e) other (please write in) _____. 100%					
46. Too few law enforcement investigators have received special training for child abuse cases.	74	65	7	1	0
	50%	44%	5%	1%	0%
47. Too few law enforcement investigators have received special training in the differences between interviewing an adult and interviewing a child.	69	60	13	2	0
	48%	41%	9%	1%	0%
48. The Law Enforcement Academy should:					
a) include curriculum that emphasizes working with the very young	78	67	1	0	0
	53%	43%	1%	0%	0%
b) include audio-visual materials on child abuse, available on loan, for training use by local officers.	74	70	2	0	0
	51%	48%	1%	0%	0%
c) initiate regional training opportunities for certified officers to update their interviewing skills.	86	60	1	0	0
	58%	41%	1%	0%	0%
49. Particularly in South Dakota's largest counties there should be specialized training:					
a) for the law enforcement officer in the field.	83	61	1	1	1
	56%	41%	1%	1%	1%
b) to sensitize the administrative levels of law enforcement agencies of the need in their agency for officers who specialize in child abuse.	82	62	2	0	0
	56%	43%	1%	0%	0%

	SA	A	U	D	SD
50. The Attorney General should emphasize the importance of child abuse prosecutions:					
a) through training programs for State's Attorneys.	82	58	4	0	0
	57%	40	3%	0%	0%
b) by recommending an expanded curriculum on child abuse issues at the USD Law School.	77	62	8	0	0
	52%	42%	6%	0%	0%
c) by having the State Bar included child abuse issues as a topic in the Continuing Legal Education program.	79	59	5	0	0
	55%	41%	4%	0%	0%
51. South Dakota needs a universal, standardized protocol on how to intervene, investigate and prosecute child abuse cases.	75	57	16	3	0
	50%	38%	10%	2%	0%
52. The protocol mentioned in question 51, needs to address the issue of how the many agencies (normally operating independently of each other) can work together for the good of the child.	81	54	6	2	1
	56%	38%	4%	1%	1%
53. Issues to be included in the protocol mentioned in question 51 include:					
a) response to referrals	76	66	6	1	0
	51%	44%	4%	1%	0%
b) intervention	77	67	5	0	0
	52%	45%	3%	0%	0%
c) investigation	79	61	6	1	0
	54%	41%	4%	1%	0%
d) removals of perpetrators and/or victims	83	55	9	0	0
	57%	37%	6%	0%	0%
e) prosecution and treatment	79	59	10	0	0
	53%	40%	7%	0%	0%
f) checklist of child victim and rights	91	50	6	1	0
	61%	34%	4%	1%	0%
g) medical examination	87	52	8	0	0
	59%	35%	6%	0%	0%
55. South Dakota needs to develop clearer guidelines on what to look for in suspected child abuse cases.	57	64	16	7	0
	40%	44%	11%	5%	0%
56. The highest at risk group for child abuse are the very young; those from birth to five years of age.	94	40	7	5	1
	64%	27%	5%	3%	1%

	SA	A	U	D	SD
57. South Dakota should implement prevention training programs in day care and preschool to help children in the birth to five year age group.	72	70	6	0	1
	48%	47%	4%	0%	1%
58. In order to avoid needless duplication of effort in South Dakota, a centralized state training registry needs to be developed for all agencies or organizations providing training on child abuse issues.	64	69	16	1	0
	43%	46%	10%	1%	0%
59. Because of the nature of the legal system, particular attention needs to be given to the training needs of judges, States Attorneys and Court Services personnel to ensure they appreciate the emotion and trauma that underlie the often black and white presentation given in court.	92	50	5	1	0
	62%	34%	3%	1%	0%
60. Children rarely lie about being sexually or physically abused.	71	54	13	8	6
	47%	35%	9%	5%	4%
61. Child abuse is a discipline issue that is best left for the family to work out without outside intervention.	3	0	0	15	127
	2%	0%	0%	10%	88%

We have attempted to be comprehensive on the questionnaire, but if you feel we have omitted some issues which should have been covered we would appreciate having you write them, or any other comments you have, on this questionnaire. THANK YOU FOR YOUR ASSISTANCE. IT IS TRULY APPRECIATED.

ADDENDUM C

SD MENTAL HEALTH SERVICE PROVIDERS
SURVEY RESULTS RELATED TO SEXUAL ABUSE

36/79 = 46% response rate
Agencies/Individuals listed in alphabetical order
Y = yes, N = no, S = sometime, P = being planned

BENEDICTINE FAMILY SERVICES — Contact: Mary C. Curran, Ph. D.
1000 West 4th St.
Yankton, SD 57078

Services Provided:	Adult	Adolescent	Children
Sexual Abuse Victims			
• individual therapy	Y	Y	Y
• group therapy	Y	Y	S
Sexual Perpetrators			
• individual therapy	Y	Y	Y
• group therapy	Y	S	N
Number of perpetrators currently being served	4	-	-
Number of DD perpetrators	1		
Programs being developed:	Considering doing training for professionals.		

BETHESDA CHRISTIAN COUNSELING SERVICES — Contact: Kenneth A. Venhuizen
231 S. Phillips, Suite 350
Sioux Falls, SD 57102

Services Provided:	Adult	Adolescent	Children
Sexual Abuse Victims			
• individual therapy	Y	Y	N
• group therapy	Y	N	N
Sexual Perpetrators			
• individual therapy	Y	Y	N
• group therapy	N	N	N
Number of perpetrators currently being served	1	1	-

REX BRIGGS, M.S.W. — Contact: Rex Briggs
624 6th Street #202
Rapid City, SD 57701

Services Provided:	Adult	Adolescent	Children
Sexual Abuse Victims			
• individual therapy	Y	N	N
• group therapy	Y	N	N
Sexual Perpetrators			
• individual therapy	N	N	N
• group therapy	N	N	N
Number of perpetrators currently being served	25 per/yr	-	-
Other services available:	Psychological classes for post traumatic stress Traditional group psychotherapy		

BROOKINGS AREA GUIDANCE CENTER — Contact: William R. Wyatt
217 4th Street
Brookings, SD 57006

Services Provided:	Adult	Adolescent	Children
Sexual Abuse Victims			
• individual therapy	Y	Y	Y
• group therapy	N	N	N
Sexual Perpetrators			
• individual therapy	N	N	N
• group therapy	N	N	N
Number of perpetrators currently being served	-	-	-

Services being developed: Considering group for adult victims of sexual abuse

CAPITOL AREA COUNSELING SERVICES — Contact:
P.O. Box 550
Pierre, SD 57501

Services Provided:	Adult	Adolescent	Children
Sexual Abuse Victims			
• individual therapy	Y	Y	Y
• group therapy	P	P	P
Sexual Perpetrators			
• individual therapy	Y	Y	Y
• group therapy	Y	P	N
Number of perpetrators currently being served	8	4	4
Number of DD perpetrators	2		

Other services available: Consultation to Social Services & Law Enforcement
Comprehensive psycho-social evals for perpetrators

Services being developed: Group therapy for adolescent & child victims and for adolescent perpetrators

CATHOLIC FAMILY SERVICES — Contact: Gaylen Bendewald
370 15th Ave.
Sioux Falls, SD

Services Provided:	Adult	Adolescent	Children
Sexual Abuse Victims			
• individual therapy	Y	N	N
• group therapy	N	N	N
Sexual Perpetrators			
• individual therapy	N	N	N
• group therapy	N	N	N
Number of perpetrators currently being served	-	-	-

Other services available: Services limited to adult survivors

THE CENTER
209 S. Spring Ave
Sioux Falls, SD 57104

Contact: Thomas H. Reifers

Services Provided:	Adult	Adolescent	Children
Sexual Abuse Victims			
• individual therapy	Y	N	N
• group therapy	N	N	N
Sexual Perpetrators			
• individual therapy	N	N	N
• group therapy	N	N	N
Number of perpetrators currently being served	-	-	-

CENTRAL PLAINS CLINIC
2727 S. Kiwanis
Sioux Falls, SD

Contact: Bill H. Arbes

Services Provided:	Adult	Adolescent	Children
Sexual Abuse Victims			
• individual therapy	Y	Y	Y
• group therapy	N	Y	N
Sexual Perpetrators			
• individual therapy	Y	Y	Y
• group therapy	N	N	N
Number of perpetrators currently being served	@10-15	@5	0
Number of DD perpetrators	2		
Other services available:	No structured programs		

CHRYSALIS
4116 Canyon Lake Drive
Rapid City, SD 57702

Contact: Geri Konenkamp
Allen Winchester

Services Provided:	Adult	Adolescent	Children
Sexual Abuse Victims			
• individual therapy	Y	Y	Y
• group therapy	Y	N	N
Sexual Perpetrators			
• individual therapy	Y	Y	N
• group therapy	Y	N	N
Number of perpetrators currently being served	30	2	-
Number of DD perpetrators	1		
Other services available:	Court evaluation of adult & adolescent sex offenders		

COMMUNITY COUNSELING SERVICES
1552 Dakota S.
Huron, SD 57350

Contact: Paul B. Byrd

Services Provided:	Adult	Adolescent	Children
Sexual Abuse Victims			
• individual therapy	Y	Y	Y
• group therapy	N	N	N
Sexual Perpetrators			
• individual therapy	Y	Y	Y
• group therapy	P	Y	N
Number of perpetrators currently being served	5	15	-
Number of DD perpetrators	3		

Other services available: adolescent sex offenders program
Services being developed: adult sex offender program, victims group - being considere

FAMILY HEALTH CENTER
Aberdeen, SD

Contact: Dan Boer

Services Provided:	Adult	Adolescent	Children
Sexual Abuse Victims			
• individual therapy	Y	Y	N
• group therapy	N	N	N
Sexual Perpetrators			
• individual therapy	Y	N	N
• group therapy	N	N	N
Number of perpetrators currently being served	6	-	-

FAMILY SERVICES, INC.
304 S. Phillips Ave. Suite 300
Sioux Falls, SD

Contact: Arba-Della Wahlfiel
Scott Pryble

Services Provided:	Adult	Adolescent	Children
Sexual Abuse Victims			
• individual therapy	Y	Y	Y
• group therapy	Y	N	N
Sexual Perpetrators			
• individual therapy	N	N	N
• group therapy	Y	N	N
Number of perpetrators currently being served	20-24	-	-

Other services available: We do group w/SEMHC
Services being developed: We are developing a program with SEMHC to work with offenders, non-offending spouses, children, sibs, victims, adolescent offenders & DD offenders (3/yr plan)

ADOLESCENT TREATMENT PROGRAM
Human Services Center
P.O.Box 76
Yankton, SD 57078

Contact: Nicholas King

Services Provided:	Adult	Adolescent	Children
Sexual Abuse Victims			
• individual therapy	N	Y	N
• group therapy	N	Y	N
Sexual Perpetrators			
• individual therapy	N	Y	N
• group therapy	N	Y	N
Number of perpetrators currently being served	-	varies	-

Other services available: In-patient psychiatric are on an acute or intermediate (3-4 months) basis, survivors group for sexual abuse victims and perpetrators

Services being developed: Currently researching a more specific approach for working with adolescent offenders, developing method of identifying intermediate vs long-term offender programing

INSIGHT INSTITUTE
723 E. Cherry
Vermillion, SD 57069

Contact: Don Mattson

Services Provided:	Adult	Adolescent	Children
Sexual Abuse Victims			
• individual therapy	Y	Y	N
• group therapy	N	N	N
Sexual Perpetrators			
• individual therapy	Y	N	N
• group therapy	N	N	N
Number of perpetrators currently being served	0	0	-

LYNN GOEHRING, PSYCHOLOGIST
Private Practice
809 E. Dakota
Pierre, SD 57501

Contact: Lynn Goehring

Services Provided:	Adult	Adolescent	Children
Sexual Abuse Victims			
• individual therapy	Y	Y	Y
• group therapy	N	N	N
Sexual Perpetrators			
• individual therapy	Y	Y	Y
• group therapy	N	N	N
Number of perpetrators currently being served	4	2	1

Other services available: Therapy for adults who were victimized as children

Services being developed: Looking at possibility of beginning therapy groups for adults and adolescents

LINDA HOLCOMB, M.S.W.
Rushmore Professional Associates
1107 Mt. Rushmore Rd. Suite 1
Rapid City, SD 57701

Contact: Linda Holcomb

Services Provided:	Adult	Adolescent	Children
Sexual Abuse Victims			
• individual therapy	Y	Y	Y
• group therapy	N	Y	N
Sexual Perpetrators			
• individual therapy	N	N	N
• group therapy	N	N	N
Number of perpetrators currently being served	-	-	-

Other services available: Individual, family, group counseling for victims of sexual abuse, non-abusing parents

HUMAN SERVICE AGENCY
Lake Region Mental Health Center
and Alcohol/Drug Treatment and Referral Center
Prairie Lakes East - 4th Floor, 420 St N.E.
Watertown, SD 57201

Contact: Norm Van Klompenburg

Services Provided:	Adult	Adolescent	Children
Sexual Abuse Victims			
• individual therapy	Y	Y	Y
• group therapy	Y	Y	Y
Sexual Perpetrators			
• individual therapy	Y	Y	Y
• group therapy	-	-	-
Number of perpetrators currently being served	8	4	-

Other services available: Biofeedback - relaxation therapy, social, psychological and psychiatric evaluation of perpetrators and victims. Outpatient therapy and treatment

LEWIS AND CLARK MENTAL HEALTH CENTER
1028 Walnut Street
Yankton, SD 57078

Contact: Darlene Bogner

Services provided:	Adult	Adolescent	Children
Sexual Abuse Victims			
• individual therapy	Y	Y	Y
• group therapy	-	-	-
Sexual Perpetrators			
• individual therapy	Y	Y	N
• group therapy	-	-	-
Number of perpetrators currently being served	10*	3*	1*

* estimates

LUTHERAN SOCIAL SERVICES
2020 3rd Ave. S.E.
Aberdeen, SD

Contact:

Services Provided:	Adult	Adolescent	Children
Sexual Abuse Victims			
• individual therapy	Y	Y	Y
• group therapy	Y	N	N
Sexual Perpetrators			
• individual therapy	N	N	N
• group therapy	N	N	N
Number of perpetrators currently being served	-	-	-

LUTHERAN SOCIAL SERVICES
1010 Soo San Dr.
Rapid City, SD 57702

Contact: Ellen Glood

Services Provided:	Adult	Adolescent	Children
Sexual Abuse Victims			
• individual therapy	Y	Y	Y
• group therapy	N	N	N
Sexual Perpetrators			
• individual therapy	N	N	N
• group therapy	N	N	N
Number of perpetrators currently being served	-	-	-
Other services available:	Primarily individual, couples, and family therapy		

LUTHERAN SOCIAL SERVICES
600 W 12th St.
Sioux Falls, SD 57104

Contact: Donna Dahl

Services Provided:	Adult	Adolescent	Children
Sexual Abuse Victims			
• individual therapy	Y	Y	Y
• group therapy	Y	Y	Y
Sexual Perpetrators			
• individual therapy	Y	Y	Y
• group therapy	N	N	N
Number of perpetrators currently being served	-	-	-
Other services available:	groups - adult women sexually abused as children boys group (7-12) & 2 girls groups (7-12 & 12-15)		

MANDL AND ASSOCIATES
Suite 355 Boyce Greeley
Sioux Falls, SD 57102

Contact: Harold J. Mandl

Services Provided:	Adult	Adolescent	Children
Sexual Abuse Victims			
• individual therapy	Y	Y	Y
• group therapy	Y	Y	N
Sexual Perpetrators			
• individual therapy	Y	Y	Y
• group therapy	Y	Y	Y
Number of perpetrators currently being served	1 alleged	-	-

Other services available: Pretrial evaluations, consultation to attorneys
Trial consultation/testimony

KAREN N. MILLER
Private Practice
2021 Red Dale Drive
Rapid City, SD 57702

Contact: Karen Miller

Services Provided:	Adult	Adolescent	Children
Sexual Abuse Victims			
• individual therapy	Y	N	N
• group therapy	Y	N	N
Sexual Perpetrators			
• individual therapy	N	N	N
• group therapy	N	N	N
Number of perpetrators currently being served	-	-	-

Other services available: Group is regular therapy group
Services being developed: Considering special group for women adult survivors

MOUNTAIN PLAINS COUNSELING CENTER
4 Pine / 1320 10th St.
Spearfish, SD

Contact: Jim Hess
Patty Miller

Services Provided:	Adult	Adolescent	Children
Sexual Abuse Victims			
• individual therapy	Y	Y	Y
• group therapy	N	N	N
Sexual Perpetrators			
• individual therapy	Y	Y	Y
• group therapy	N	Y	N
Number of perpetrators currently being served	3	15	2
Number of DD perpetrators	13		

Other services available: Assessment, educational training, DD individual and group therapy contracts with Black Hills Special Services Cooperative
Services being developed: Residential setting for sexual perpetrators in cooperation with Black Hills Cooperative, victims group if #s warrant

NORTHEASTERN MENTAL HEALTH CENTER
703 Third Avenue S.E. Box 550
Aberdeen, SD 57401

Contact: Judi Muessigmann

Services Provided:	Adult	Adolescent	Children
Sexual Abuse Victims			
• individual therapy	Y	Y	Y
• group therapy	Y	Y	Y
Sexual Perpetrators			
• individual therapy	Y	Y	Y
• group therapy	Y	Y	Y
Number of perpetrators currently being served	8	11	4
Number of DD perpetrators	2		
Other services available:	Adult victims of sexual abuse as children, female non-offenders group, complete evaluation and consultation on individual cases		
Services being developed:	Group for female perpetrators		

OUR HOME, INC.
P.O. Box 156
Huron, SD 57350

Contact: Steve Gubbrud
Gene Taylor

Services Provided:	Adult	Adolescent	Children
Sexual Abuse Victims			
• individual therapy	N	Y	N
• group therapy	N	Y	N
Sexual Perpetrators			
• individual therapy	N	Y	N
• group therapy	N	Y	N
Number of perpetrators currently being served	-	8	-
Number of DD perpetrators	2		
Other services available:	Our Home, Inc. is residential group care, Our Home Rediscovery Program is residential drug and alcohol treatment		
Services being developed:	Attempting to get funding for more specialized treatment and housing for adolescent perpetrators		

KATHLEEN PEIL, M.A.
C.S.W. - Private Practice
628 1/2 6th St., Suite 208
Rapid City, SD 57701

Contact: Kathleen Peil

Services Provided:	Adult	Adolescent	Children
Sexual Abuse Victims			
• individual therapy	Y	Y	N
• group therapy	N	N	N
Sexual Perpetrators			
• individual therapy	N	Y	N
• group therapy	Y	N	N
Number of perpetrators currently being served	30	2	0
Other services available:	Court evaluations		

PSYCHOLOGICAL ASSOCIATES
Massa-Berry Clinic
981 Main Street
Sturgis, SD 57785

Contact: Dennis Szczypka
Terry Trucano

Services Provided:	Adult	Adolescent	Children
Sexual Abuse Victims			
• individual therapy	Y	Y	Y
• group therapy	N	N	P
Sexual Perpetrators			
• individual therapy	Y	Y	N
• group therapy	P	P	N
Number of perpetrators currently being served	-	2	-

Services being developed: Planning programs specific to adolescent sexual perpetrators (male), male child sexual abuse victims and men who batter women

SIOUX FALLS PSYCHOLOGICAL SERVICES
707 E 41st St.
Sioux Falls, SD

Contact: Director

Services Provided:	Adult	Adolescent	Children
Sexual Abuse Victims			
• individual therapy	Y	Y	N
• group therapy	N	N	N
Sexual Perpetrators			
• individual therapy	Y	Y	N
• group therapy	N	N	N
Number of perpetrators currently being served	-	-	-

Other services available: Our therapy usually is related to other ongoing therapy such as family therapy

SOUTH DAKOTA STATE TRAINING SCHOOL
Plankinton, SD

Contact: Terry Park
Consulting Psychologist

Services Provided:	Adult	Adolescent	Children
Sexual Abuse Victims			
• individual therapy	N	Y	N
• group therapy	N	N	N
Sexual Perpetrators			
• individual therapy	N	Y	N
• group therapy	N	N	N
Number of perpetrators currently being served	-	3	-

SOUTHEASTERN MENTAL HEALTH CENTER
2000 S. Summit
Sioux Falls, SD 57105

Contact: Eunice Cavanaugh

Services Provided:	Adult	Adolescent	Children
Sexual Abuse Victims			
• individual therapy	Y	Y	N
• group therapy	N	N	N
Sexual Perpetrators			
• individual therapy	N	N	N
• group therapy	Y	N	N
Number of perpetrators currently being served	10	-	-

Other services available: Treatment groups only for those who have been through the judicial system and currently on probation or parole
Services being developed: General programs to address needs of other family members

SOUTHERN PLAINS MENTAL HEALTH CENTER
Box 662
Winner, SD

Contact: Office Manager

Services Provided:	Adult	Adolescent	Children
Sexual Abuse Victims			
• individual therapy	Y	Y	Y
• group therapy	Y	Y	Y
Sexual Perpetrators			
• individual therapy	Y	Y	Y
• group therapy	P	P	N
Number of perpetrators currently being served	3	3	0
Number of DD perpetrators	1		

Other services available: Outreach in Gregory & Mission
Services being developed: Perpetrators group therapy, adults & adolescents

STATE PENITENTIARY
Correctional Treatment Unit
P.O. Box 76
Yankton, SD 57078

Contact: Craig Kleinsasser

Services Provided: None specific to sexual abuse

GREG SWEMSPM, Ph.D. LICENSED PSYCHOLOGIST Contact: Greg Swenson
Private Practice
520 Kansas City Street
Rapid City, SD 57701

Services Provided:	Adult	Adolescent	Children
Sexual Abuse Victims			
• individual therapy	Y	Y	Y
• group therapy	N	N	N
Sexual Perpetrators			
• individual therapy	Y	Y	N
• group therapy	N	N	N
Number of perpetrators currently being served	-	-	-

JANE L. THOMPSON, COUNSELOR Contact: Jane L. Thompson
1317 Mt. Rushmore Rd
Box 749
Rapid City, SD 57709

Services Provided:	Adult	Adolescent	Children
Sexual Abuse Victims			
• individual therapy	Y	Y	Y
• group therapy	N	N	N
Sexual Perpetrators			
• individual therapy	N	N	N
• group therapy	N	N	N
Number of perpetrators currently being served	-	-	-

Other services available: Non-offending spouse or parents

WEST RIVER MENTAL HEALTH CENTER Contact: Richard L. Leir
350 Elk St.
Rapid City, SD 57701

Services Provided:	Adult	Adolescent	Children
Sexual Abuse Victims			
• individual therapy	Y	Y	Y
• group therapy	Y	Y	P
Sexual Perpetrators			
• individual therapy	Y	Y	N
• group therapy	Y	Y	N
Number of perpetrators currently being served	15	7	-

Number of DD perpetrators 2
Other services available: Offender evaluations
Services being developed: Child victim group and non-offending spouse group

DEVELOPMENTAL DISABILITIES SERVICE PROVIDERS
17/21 = 81% response rate

I. Agencies (listed in alphabetical order) Perpetrators

	Adult	Adolescent	Children
Aberdeen ATC 612 Tenth Ave. S.E. Aberdeen, SD 57401	3	0	0

Programs offered specific to sexual perpetrators: Sexual awareness curriculum programs (class and individual objective plans)

	Adult	Adolescent	Children
ATCO Enterprises, Inc. P.O. Box 1030 Watertown, SD 57201	0	0	0

Programs offered specific to sexual perpetrators: None

	Adult	Adolescent	Children
Black Hills Workshop P.O. Box 2104 Rapid City, SD 57709	1 convicted (17 require programs or extra supervision)	0	0

Programs offered specific to sexual perpetrators: IJP, behavior management programs, personal contracts, counseling, increased supervision, training appropriate behavior, step system, integrated programming with community resources (i.e. Mental Health, Judicial System)

	Adult	Adolescent	Children
Black Hills Special Services Coop. 181 Cliff Deadwood, SD 57732	0	10	0

Programs offered specific to sexual perpetrators: Individual and group counseling with mental health professionals. Residential services.

	Adult	Adolescent	Children
Brookings Area Adjustment Services P.O. Box 482 Brookings, SD 57006	0	0	0

Programs offered specific to sexual perpetrators: None

	Adult	Adolescent	Children
Chamberlain ATC P.O.Box 248 Chamberlain, SD 57325	0	0	0

Programs offered specific to sexual perpetrators: Classes on human sexuality and family living and counseling

	Adult	Adolescent	Children
Custer State Hospital Route 1, Box 98 Custer, SD 57730	0	0	0

Programs offered specific to sexual perpetrators: N/A

	Adult	Adolescent	Children
ECCO, Inc. P.O. Box 248 Madison, SD 57325	0	0	0

Programs offered specific to sexual perpetrators: We can obtain individual counseling sessions but we understand that is not the best treatment method for sexual perpetrators

	Adult	Adolescent	Children
Huron Area ATC RR #2 Box 146 Huron, SD 57350	1	0	1

Programs offered specific to sexual perpetrators: None

	Adult	Adolescent	Children
Northern Hills Training Center 262 32nd Street Spearfish, SD 57783	6	0	0

Programs offered specific to sexual perpetrators: Individual counseling and educational activities

	Adult	Adolescent	Children
OAHE, Inc. 706 North Euclid Pierre, SD 57501	0	0	0

Programs offered specific to sexual perpetrators: Currently in the process of developing a comprehensive sexuality policy. Currently when problems with sexuality arise, they are dealt with individually through the interdisciplinary team process

	Adult	Adolescent	Children
Redfield State Hospital & School P.O. Box 410 Redfield, SD 57469	9	0	0

Programs offered specific to sexual perpetrators: Redfield State Hospital and School provides services to developmentally disabled sexual perpetrators as a part of the D.D. Offender Program. This program consists of the following components: evaluation, sexual assessment, resident services, work/workshop experience, group psychological counseling individual psychological counseling, behavior management level system, individual behavior programming, psychiatric evaluation, personality inventory, academic training, and medication.

	Adult	Adolescent	Children
Sioux Vocational Services 4100 South Western Sioux Falls, SD 57105	6*	0	0

* Not all of the perpetrators we have identified have been adjudicated, but the potential exists.

Programs offered specific to sexual perpetrators: As an agency we do not. However, an IHP team developed a "6 Levels of Independence" program for one individual with significant problems in this area

	Adult	Adolescent	Children
SESDAC 1314 E. Cherry Vermillion, SD 57069	0	0	0

Programs offered specific to sexual perpetrators: None

	Adult	Adolescent	Children
Southern Hills Developmental Services, Inc. 1502 National Ave. Hot Springs, SD 57747	0	0	0

Programs offered specific to sexual perpetrators: supportive therapy counseling with mental health professionals

	Adult	Adolescent	Children
United Cerebral Palsy of SD 3600 South Duluth Sioux Falls, SD 57105	0	0	0

Programs offered specific to sexual perpetrators: None

	Adult	Adolescent	Children
Yankton Area ATC 909 West 23rd St. Yankton, SD 57078	2	0	0

Programs offered specific to sexual perpetrators: No specific programming, but see mental health counselors

II. What types of programs would you like to see available in South Dakota for the sexual perpetrator with developmental disabilities?

1. A cafeteria listing of problems and treatment options available for individualized training.
2. Some type of reform program
3. A secure facility - we have people in the penitentiary that should not be there. Develop programs that are therapeutic in nature. They need to be removed form the community environment and attend in-patient therapy. Also ensure attendance to therapy groups etc.
4. Not sure - maybe better system of education for perpetrators and agencies - better counseling for persons w/developmental disabilities
5. Counseling/education specific to DD only in that there would be no jail term for 1st offense.
6. Total psychological and developmental assessment, reality oriented program emphasis on social skills.
7. A specialized program, staff intensive with appropriate and adequate mental health services. Perhaps a joint effort between DD facility and MH facility.
8. Very specialized, intensive psychiatric and psychological services. May need to be somewhat immune to "normal" community based of DD services as required under ACDD guidelines.
9. Availability of educational materials and resource center for information for staff guidance.
10. One or two programs highly specialized and geared toward intense training and therapy for individual.

11. In addition to the behavioral program which is available at RSHS, there is a need for the following programs:
    A. Two community based programs, one in the eastern part of the state and the other in the western part, which would provide security, supervision and programming for those persons who have shown progress in changing their behavior in the RSHS program. The Community programs have the ability to incorporate a vocational component into the program plan. These could be state owned and operated.
    B. A small specialized program at the Human Services Center for the dually-diagnosed sexual perpetrator whose primary handicapping condition is mental illness. This would be a companion program to the RSHS program. The RSHS program would then serve those dually-diagnosed sexual offenders whose primary handicapping condition is mental retardation.
    C. A program at the Springfield Correctional Facility for those developmentally disabled sexual perpetrators who are functioning at the upper level of the mental retardation range. Once again, vocational training and vocational experience would be readily available.

    None of these programs would have to be large. If each had a capacity of ten to twelve, the service delivery system would have a capability of approximately 50 to 60 at any given time. This would also reduce or eliminate the number of developmentally disabled sexual offenders who would be placed in the State Penitentiary in Sioux Falls.

12. A program that is treatment oriented. A consultant psychologist, with whom we are working indicates that group treatment is most effective but only if there is a way to ensure the participants stay in treatment. There needs to be a long-term, 24 hour structured living setting and a work program both with sufficient supervision to closely monitor individuals activities, behaviors, etc. To provide pre-vocational/vocational and independent living training without providing treatment for individuals who are sexual perpetrators, allows the individual to move toward greater independence without fully preparing him for it. For example, we have serious concerns about one person being a danger to children. As a result of training, he is meeting all the criteria necessary for living independently. He is not controlling his sexual behavior and there is no appropriate treatment available within the state system.

13. Supportive therapy, more information to the public about the DD process. Possible central care in a unit with intensive therapy and then placement in residential facilities, specific statewide training for staff to assist person when outplaced.

14. Not sure.

III. Is it important for services to be made available that are specific to persons with developmental disabilities?

YES	NO	NOT SURE	N/A
10	1	4	1

IV. What measures would need to be taken to put these services in place in SD?

1. Funding to develop this program away from existing institutions. Funding for staff that are well trained in DD/sexual offenses, counseling, therapy not part of State Mental Health System.

2. Not sure.

3. State Gov't would have to allocate funds for the training of staff and implementation of program.

4. A project designed to develop this program in a cooperative manner. Goals and objectives to be written so that the ultimate outcome is the people get needed services in the community.

5. Legislation to set up a special program possibly utilizing RSHS and a specific community based facility with access to psychiatric and psychological services.

6. Money for production of educational material or acquisition of material produced elsewhere. And designation of and education of resource person.

7. Legislation for laws to require services, or more attention to this population. Acquisition of funds through grants, etc. to establish start-up funds.

8. Each of the agencies, the Human Services Center, the Springfield Correctional Facility and the Office of Developmental Disabilities and Mental Health would need to include funds for the programs in the budget requests. The professional expertise necessary to train the staff of the various programs is available in South Dakota or the region.

9. A. Secure funding to support the long term program.
   B. Identify in which community(ies) programs would be located.
   C. Recruit qualified professionals to provide treatment.

10. Some very specific training of staff and very good PR in communities.

11. FUNDING!

V. What recommendations do you have for the Task Force?

1. Research successful programs in US that treat sexual offenders. Develop the program so that openings are available when needed (no waiting lists). Continue to emphasize appropriate environments for young people with DD. Teach appropriate sexual behavior to young.

2. Inservice agencies on this information. Make us aware of the issues and how to intervene effectively. Overall assessment of SD agencies sex education - what are the needs?

3. If specific programs are developed for DD you are in danger of labelling people with DD as "sex offenders".

4. Would want all agencies who serve person's with developmental disabilities involved: Labor Dept., Dept. of Education, Social Services Board of Charities and Corrections and private agencies.

5. When you are developing the program, remember the legal liability issues that community programs face in dealing with this situation and make recommendations on how to limit possible problems in this area. Good Luck!

6. Consider what other states have done - see what success rates have been established in those programs. Identify if S.D. has the resources to address this issue. One issue that I feel has never been adequately addressed in S.D. has to do with "due process" - ours is the only population in our country which is "guilty until proven innocent" rather than vice versa.

7. Confidentiality of information supplied herin or later. Frank discussion for the purpose of an awareness of sexual needs of DD with consideration being given to conflicting moral and/or ethical issues.

8. Although this is not a large population needing services - we cannot ignore their needs, as they certainly affect our society and communities. I would recommend legislation be enacted relative to the needs of this minority population.

9. I recommend that the Task Force support the development of specialized programs for the sexual perpetrator at the Redfield State Hospital and School, the South Dakota Human Services Center, in two of the community programs (ATCs) and the Springfield Correctional Facility. Your support of such as plan would help the new Secretary of the Department of Human Services and the new Secretary of the Department of Corrections, both of whom will ultimately have the responsibility for advising the Governor on which programs should be developed and funded.

10. The numbers may not be significant but the risk of continuing to ignore the need certainly is.

11. Do not choose a small town for a central therapy unit. Too many small towns have "small town" ideas and cannot or will not accept anything not "normal".